

APPLICATION BY RECIPROCATATION AS A PHARMACIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

As of July 1, 2008, Nevada will accept reciprocation of pharmacists licensed in all states, including California and Florida.

Pharmacists reciprocating from California will need to have been issued a license by taking and passing the NAPLEX exam. Therefore, we can only accept California pharmacists who were licensed after January 1, 2004. There are no restrictions for pharmacists reciprocating from Florida, so all Florida pharmacists may apply.

Download application (3 pages) and mail to the address on the top of the application with the required \$330.00 fee. The fee is payable by **money order or cashier's check only**, we do not accept credit cards, cash business checks or personal checks.

Fee is made payable to: Nevada State Board of Pharmacy.

Before calling with questions, please read all information carefully

- You are required to access NABP's website at www.nabp.net to register on-line for the MPJE exam.
- ☐ Required to get approval for MPJE: The Nevada application and \$330 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.
- ☐ Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the examination.
- ☐ You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed.
- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam.
<http://bop.nv.gov/board/ALL/Regulations/> An email will be sent within 30 days of the receipt your application.

- The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail the exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.
- ☐ You can access your scores at nabp.net.

Just a reminder: You will be required to access NABP's website at www.nabp.net to obtain the Preliminary Application for Transfer of Pharmaceutic Licensure for NABP. Also referred to as the official NABP application.

To receive license as a pharmacist in Nevada by reciprocity, the following needs to be on file:

Nevada application and fee
Passage of the MPJE exam
Official NABP application

You have one (1) year from the date we receive the Nevada application to complete the process of licensure. The \$330.00 fee includes all required fees including the \$180 registration fee. The \$330.00 fee does NOT include the fee for the MPJE exam or the fee for NABP preliminary application. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

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Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Sex: ☐ M or ☐ F
(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: _____ Date of Issuance: _____

College of Pharmacy Information

Graduation Date: _____
(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☐

Branch: _____
 Military Occupation/Specialty: _____
 Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

						Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... <input type="checkbox"/> ... <input type="checkbox"/>							
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input type="checkbox"/> ... <input type="checkbox"/>							
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?..... <input type="checkbox"/> ... <input type="checkbox"/>							
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... <input type="checkbox"/> ... <input type="checkbox"/>							
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:							
Board Administrative Action:		State	Date: / /		Case #:		
Criminal Action:	State	Date: / /	Case #:	County	Court		

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☐
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date